

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10663239**  
APPLICANT(S)

FILED DATE  
**09-16-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1	1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		5				
9	1	5				
10		5				
11		5				
12	1	5				
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TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					
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